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As an argument for including in the Pharmacopœia of the United States an official tablet of corrosive mercuric chloride, rather than enacting legislation to compel uniformity in the shape, size, color, and odor of all tablets containing corrosive mercuric chloride, it has been pointed out that inclusion in the Pharmacopœia would not in any way interfere with the legitimately established trade of manufacturers, but would tend to discourage the sale and use of such preparations and bring about the gradual popularization of the official tablet. If, in addition to this, it were practicable to induce manufacturers properly to label all of their preparations so as to indicate the presence of any highly toxic substance, and then to suggest to purchasers of tablets of this kind the need for keeping them apart or in such a way that they could not readily be mistaken for other nontoxic preparations, little or no additional legislation would be necessary, unless it were to restrict newspapers from publishing unnecessary details in regard to the nature and kind of poison used in cases of accidental or intentional poisoning.

NEOSALVARSAN IN BRAIN SYPHILIS.

A REPORT OF A CASE OF BRAIN SYPHILIS TREATED WITH NEOSALVARSAN, WITH RECOVERY.

By C. L. Williams, Assistant Surgeon, United States Public Health Service.

Within the past two years there have appeared in the medical journals a number of reports of severe and even fatal cerebral disturbances following the use of salvarsan and neosalvarsan in the treatment of syphilis. Ravant (Presse Médicale, Paris, Mar. 2, 1912, reviewed in Journ. A. M. A., Apr. 13, 1912) cites a series of cases in which examination of the spinal fluid after salvarsan injection showed in secondary cases a more or less severe effect on the central nervous system ranging from simple increased pressure to severe inflammation. He advises examination of spinal fluid in all secondary cases and extreme caution in the use of salvarsan where evidence of disturbance is found. Oltramare (quoted in New York Medical Journal, vol. 95, p. 1065) advises caution in use of salvarsan in syphilis of liver, kidneys, and brain. R. Voller (Münchener Md. Woch., vol. 59, No. 36) cites 5 cases of choked disk following the use of salvarsan. Lesser (Ber. Klin. Woch., Mar. 25, 1912) has reported 18 cases of epileptiform attacks after salvarsan injection and Lube (Dermatologische Zeitschrift, vol. 20, No. 8) has reported 25 similar cases, which he further describes as presenting the clinical picture of cerebral intoxication. Schestophal (Berl. Klinik, May, 1913) and Assman (Berl. Klin. Woch., vol. 49, No. 51) report fatal cases with acute cerebral symptoms after salvarsan injections.

In view of these reports brain syphilis is now regarded as a contra-indication to the administration of salvarsan or neosalvarsan except in very small doses after mercury and potassium iodide have failed. Eddy (Journ. A. M. A., Apr. 26, 1913) in reporting a case of brain syphilis treated with neosalvarsan cites the condition as a contra-indication, but administered the drug when the case seemed desperate, with excellent results. Since in so serious a condition as brain syphilis a drug that gives rapid control is of the greatest service, it is important that all experiences with salvasan or neosalvarsan in this form of the disease be reported in order that its value and dangers may be exactly ascertained. With this in view the following is reported as a typical case of brain syphilis treated with neosalvarsan, with prompt recovery:

History.—Patient, white man, age 28, in good health up to time of infection; had primary sore early in March, 1913; went to hospital, but received only local treatment pending diagnosis. Left hospital early in April with sore healed and went to sea on a revenue cutter, on which the writer was at that time detailed. On May 1 a typical syphilitic eruption appeared on patient's body. Diagnosis of syphilis was made without Wassermann reaction, this being impracticable to obtain. Two days after appearance of eruption he was given 0.9 gram neosalvarsan intramuscularly and started on mercurial treatment. All symptoms cleared up in a few days and patient then refused further treatment.

August 3, nearly six months after initial lesion and three months after injection of neosalvarsan, he began to complain of headaches. On August 11, following some violent exercise, he suddenly fell to the floor in a convulsion with violent muscular contractions and frothing at the mouth. This lasted about three minutes and was followed by coma, which, however, was of short duration, the patient becoming conscious but slightly confused within 10 minutes.

Patient denied epilepsy, and was corroborated by several friends who had known him over a year.

Patient returned to work next day, but on August 18 had a severe headache and pain in the eyes, and was put to bed in a darkened room. The next day headache was more severe, eyes were protruded, pupils dilated but with reflexes present, pulse slow and strong, respiration 15 to the minute and deep; vomiting, projectile in type, so frequent as to make feeding difficult. The urine for three days was only 8 ounces in 24 hours, high specific gravity, with trace of albumen and few casts. It gradually cleared up, and by September 1 appeared normal on examination.

Treatment.—Potassium iodide was administered in large doses but only a small amount—about 30 grains a day—was retained. Up to September 4, a period of 17 days, it had had no noticeable effect, the patient's condition remaining unchanged except that exophthalmus developed to such an extent as to cause diplopia, disappearing on closing of one or the other eye.

On September 4 he was given 0.7 gram neosalvarsan dissolved in 10 cubic centimeters distilled sterile water, intravenously. Improvement was marked and rapid. The next morning the headache was better and vomiting much less, and within three days all discomfort had ceased; within eight days patient returned to work. Diplopia had disappeared on fourth day and the exophthalmus gradually decreased, being scarcely noticeable when patient was last seen on September 26. Urine, examined from time to time, was apparently normal. On September 24 patient was given 0.9 gram neosalvarsan intravenously, and when last seen, two days later, felt perfectly well.